| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | BZ | JC3-883 | 12-141-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | | |
|---|---|---|---|---|---|
| ✔ | Rejected | | N | | Non-elected |
| = | Allowed | | I | | Interference |
| – | (Through numeral)... Canceled | | A | | Appeal |
| ÷ | Restricted | | O | | Objected |

| Final | Original | | | | Date | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 2 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 3 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 4 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 5 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 6 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 7 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 8 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 9 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 10 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 11 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 12 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 13 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 14 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 15 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 16 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 17 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 18 | ✚ | ✓ | ✓ | ✓ | | | | | | | | | | | |
| | 19 | ✚ | | | | | | | | | | | | | | |
| | 20 | ✚ | | | | | | | | | | | | | | |
| | 21 | ✚ | | | | | | | | | | | | | | |
| | 22 | ✚ | | | | | | | | | | | | | | |
| | 23 | ✚ | | | | | | | | | | | | | | |
| | 24 | ✚ | | | | | | | | | | | | | | |
| | 25 | | ✓ | ✓ | | | | | | | | | | | | |
| | 26 | | ✓ | ✓ | | | | | | | | | | | | |
| | 27 | | ✓ | ✓ | | | | | | | | | | | | |
| | 28 | | ✓ | ✓ | | | | | | | | | | | | |
| | 29 | | ✓ | ✓ | | | | | | | | | | | | |
| | 30 | | ✓ | ✓ | | | | | | | | | | | | |
| | 31 | | ✓ | ✓ | | | | | | | | | | | | |
| | 32 | | ✓ | ✓ | | | | | | | | | | | | |
| | 33 | | ✓ | ✓ | | | | | | | | | | | | |
| | 34 | | ✓ | ✓ | | | | | | | | | | | | |
| | 35 | | ✓ | ✓ | | | | | | | | | | | | |
| | 36 | | ✓ | ✓ | | | | | | | | | | | | |
| | 37 | | ✓ | ✓ | | | | | | | | | | | | |
| | 38 | | ✓ | ✓ | | | | | | | | | | | | |
| | 39 | | ✓ | ✓ | | | | | | | | | | | | |
| | 40 | | ✓ | ✓ | | | | | | | | | | | | |
| | 41 | | | | | | | | | | | | | | | |
| | 42 | | | | | | | | | | | | | | | |
| | 43 | | | | | | | | | | | | | | | |
| | 44 | | | | | | | | | | | | | | | |
| | 45 | | | | | | | | | | | | | | | |
| | 46 | | | | | | | | | | | | | | | |
| | 47 | | | | | | | | | | | | | | | |
| | 48 | | | | | | | | | | | | | | | |
| | 49 | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | |

| Final | Original | Date |
|---|---|---|
| | 51 | |
| | 52 | |
| | 53 | |
| | 54 | |
| | 55 | |
| | 56 | |
| | 57 | |
| | 58 | |
| | 59 | |
| | 60 | |
| | 61 | |
| | 62 | |
| | 63 | |
| | 64 | |
| | 65 | |
| | 66 | |
| | 67 | |
| | 68 | |
| | 69 | |
| | 70 | |
| | 71 | |
| | 72 | |
| | 73 | |
| | 74 | |
| | 75 | |
| | 76 | |
| | 77 | |
| | 78 | |
| | 79 | |
| | 80 | |
| | 81 | |
| | 82 | |
| | 83 | |
| | 84 | |
| | 85 | |
| | 86 | |
| | 87 | |
| | 88 | |
| | 89 | |
| | 90 | |
| | 91 | |
| | 92 | |
| | 93 | |
| | 94 | |
| | 95 | |
| | 96 | |
| | 97 | |
| | 98 | |
| | 99 | |
| | 100 | |

| Final | Original | Date |
|---|---|---|
| | 101 | |
| | 102 | |
| | 103 | |
| | 104 | |
| | 105 | |
| | 106 | |
| | 107 | |
| | 108 | |
| | 109 | |
| | 110 | |
| | 111 | |
| | 112 | |
| | 113 | |
| | 114 | |
| | 115 | |
| | 116 | |
| | 117 | |
| | 118 | |
| | 119 | |
| | 120 | |
| | 121 | |
| | 122 | |
| | 123 | |
| | 124 | |
| | 125 | |
| | 126 | |
| | 127 | |
| | 128 | |
| | 129 | |
| | 130 | |
| | 131 | |
| | 132 | |
| | 133 | |
| | 134 | |
| | 135 | |
| | 136 | |
| | 137 | |
| | 138 | |
| | 139 | |
| | 140 | |
| | 141 | |
| | 142 | |
| | 143 | |
| | 144 | |
| | 145 | |
| | 146 | |
| | 147 | |
| | 148 | |
| | 149 | |
| | 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)